

Alternative Trade Adjustment Assistance Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____

SSN: _____

Employer Name: _____ Employer Account #: _____

The department has received information regarding the claimant's eligibility for Alternative Trade Adjustment Assistance (ATAA) benefits. A worker must satisfy each of the following requirements to qualify for ATAA:

1. Workers covered by a certification.
2. The worker obtains reemployment not more than 26 weeks after the date of separation from the adversely affected employment.
3. The worker is at least 50 years of age.
4. The worker earns not more than \$50,000 per year in annualized wages from employment.
5. The worker is employed on full-time basis as defined by State law.
6. The worker does not return to the employment from which the worker was separated.

Alternative Trade Adjustment Assistance (ATAA) program benefits are provided as an alternative to the benefits offered under the regular TAA program. Participation in ATAA allows older workers, for whom retraining may not be appropriate, to accept reemployment at a lower wage and receive a wage subsidy. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: TAA Information

On what date did you employ the claimant?	/	/	
How many hours per week is the claimant working?			hours/week
Is the claimant working full time?	Yes	No	
What is the claimant's hourly wage (excluding overtime)?		\$	
What is the claimant's annual salary (excluding overtime)?		\$	
Has the claimant worked for you in the past?	Yes	No	
If the claimant has worked for you in the past, what were the starting and ending dates of prior employment? From: / / To: / /			
What was the reason for separation?			

Section B: Signature

Signature: _____	Date: _____
Name (printed): _____	Telephone Number: _____
Title: _____	Ext.: _____